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"SURGICAL REPORTS."*—A REVIEW.

[Communicated for the Boston Medical and Surgical Journal.]

IN a former number we called attention to a valuable re-publication by one of the professors in the Medical School of Harvard University. Others, whose opinion we value, have confirmed the views then taken; the work has been favorably received by the public. As its author has recently retired from public teaching, we will venture, in passing, to add ours to the many stronger and more influential voices daily heard around us expressing the hope that the pen which has done so much for rational medicine, and already effected such a change in medical opinion and practice, may not be laid aside. *Est enim non solum magna verum aureola.*

And now we are glad to have the opportunity again of performing a similar service for the readers of this Journal. Another gentleman, formerly a member of the same Faculty, and who in a higher department of the University still continues to exercise an effective influence on the best interests of the medical college, has also just re-published a collection of some of his many papers on topics of interest which have occupied the medical world during the forty years of his professional life. These papers relate chiefly, though not exclusively, either to surgical matters, or to such subjects as occupy a middle ground between medicine and surgery; and being almost entirely of a practical character should attract the attention of every actively-engaged practitioner.

Under the unassuming title of Reports, Dr. Hayward in the first two chapters of this re-print comments at some length on many of the more common surgical complaints for which relief is sought in the Massachusetts General Hospital. Among those mentioned we may cite Erysipelas, Amputations, Dislocations, Hip Disease, Hernia, Inflammation of Hernial Sacs, Hydrocele, Ligature of Arteries, Bursal Inflammation, Burns, and Tenotomy. His remarks are always given in plain, unadulterated English, and form

* Surgical Reports, and Miscellaneous Papers on Medical Subjects. By George Hayward, M.D., President of the Massachusetts Medical Society; Fellow of the American Academy of Arts and Sciences; late Professor of Surgery in Harvard University; and one of the Consulting Surgeons of the Massachusetts General Hospital. Boston: Phillips, Sampson & Company. New York: J. C. Derby. 1855. 12mo., pp. 452.

in this respect a striking contrast to the Greco-Germanic combinations which cover the pages of many medical publications. The latter style may possibly be taken for "fine writing," but it is not very convenient for the student or the hurried practitioner to keep open at his side half a dozen dictionaries to unravel an obscure compound, nor very soothing to the irritation excited to find after all that a simpler, though perhaps rougher, English phrase would have been more expressive and emphatic.

As a compend of the results of individual experience unmixed with speculations or hypotheses, either his own or of others, these Reports are particularly valuable. Dr. Hayward speaks of what he has seen and done himself, and the reader can feel assured that nothing is exaggerated or introduced for effect—a great desideratum in medical writings. How many swollen octavos, if deprived of their useless verbiage would shrink into less than the five pages which contained the quintescence of all the huge volumes—the life-work of the Old Man of the Sea.

We can only refer to a few points embraced in these papers, which must be diligently read to be fully appreciated.

In his remarks on erysipelas, after a few words on prevention and ventilation, Dr. Hayward details his method of treatment. This is sufficiently active. He discriminates, however, between the different stages of the disease as well as the different classes of patients affected by it. Regarding it as a constitutional affection, he makes little account of local applications. His candid admission of their inefficacy to arrest even its outward progress came rather unexpectedly at the time of its first announcement, but other reliable observers have since added their testimony to the same effect. He enumerates some of the more important of these applications, each of which had of course been duly supported by remarkable cases. They have apparently had their day, but there are now still others supposed to be in the full tide of successful experiment. That these last are destined to fall into the same category as their predecessors, there can be hardly a doubt. Even should any one of them prove to have the power of destroying the so-called "erysipelatous vesicles," these vesicles, if such there be of a peculiar kind, are no more the disease than cough is tuberculosis. If these things are so, let not the patient be tortured in the vain attempt to arrest the disease by hemming in its outward manifestations. Dr. Hayward thus spoke on this point seventeen years since.

"Local bleeding is the only topical remedy that I regard as of much value in the treatment of erysipelas. This opinion may excite surprise. Great confidence is placed by some in mercurial ointment, the nitrate of silver, diluted alcohol, lead water and cold lotions, while others prefer warm applications. I must confess that I have not been able to satisfy myself that any one of these has the slightest power of arresting the disease, nor much in mitigating its violence. My practice, therefore, is to use that which is most comfortable to the patient.

" The efficacy of local applications in erysipelas has probably been very much overrated. No one places any reliance on them in measles or smallpox, because they are constitutional diseases; and does not the same reason apply with equal force to erysipelas? Local bleeding is undoubtedly in many cases useful, but this cannot be regarded as a topical remedy only." P. 17.

To advert to another subject:—We had always supposed that most surgeons of any considerable experience had met with cases of spontaneous dislocation of the hip arising from hip-disease; or, at least, we were not aware that the fact of such dislocations without superadded violence was ever questioned, until we saw the article on " Coxalgia " in the sixth volume of the Transactions of the American Medical Association. Dr. Hayward successfully sustains the correctness of his diagnosis on this point, both by his own cases and by the best authorities. No one who has ever treated a case where this luxation has happened, can doubt the position of the parts any more than he would the displacement after an injury. If the head of the bone after leaving the socket be still retained within the capsular ligament, as was found on dissection in Sir B. C. Brodie's case, we have an explanation of the ease with which the shortening is sometimes reduced.

The treatment of this terrible malady is succinctly set forth, and its principles clearly stated, in Dr. Hayward's paper. The reader will there observe that, in this vicinity at least, extension and counter-extension, of which so much account has since been made, were not new in connection with this disease many years ago. But we must pass to other topics.

The third chapter of the volume is a Report to the American Medical Association on the " Radical Cure of Reducible Hernia." While this Report effectually disposes of pretended discoveries, and adminsters a wholesome rebuke to secret operators, it gives a condensed account of the various methods heretofore practised and their results. The principles on which any permanent success may be hoped for are clearly defined, and, after a dispassionate discussion of the whole matter, the following conclusions are deduced, and offered in the name of the committee:

" 1. That there is no surgical operation at present known which can be relied on, with confidence, to produce in all instances, or even in a large proportion of cases, a radical cure of reducible hernia.

" 2. That they regard the operation of injection by the subcutaneous method as the safest and best. This will probably in some cases produce a permanent cure, and in many others will afford great relief.

" 3. That compression, when properly employed, is, in the present state of our knowledge, the most likely means of effecting a radical cure in the greater number of cases." P. 116.

We give our adherence, as the French say, to these conclusions. It may be worth while, however, to mention an operation of a no-

vel character, performed in Paris since the publication of Dr. Hayward's Report. The patient was a young man, with a direct inguinal hernia which could not be kept up by any contrivance. M. Maisonneuve was the operator. He passed the skin of the scrotum on the index finger of the left hand, glove fashion, into the inguinal canal as far as the finger would permit. He then made a longitudinal incision through the walls of the abdomen raised upon the end of the finger within its cavity. Through this opening the skin of the scrotum was forced, from within outward, then cut open on the tip of the finger, and secured by stitches to the edges of the first wound made in the abdomen. The finger was then withdrawn. The wound healed kindly. Ten days after the operation, the cutaneous canal, now occupying the hernial passage, was cauterized with nitrate of silver and nitric acid, to destroy its epidermis. This having been accomplished, twenty days after the first operation the skin of the scrotum was divided, allowing the portion filling the hernial canal to remain in position; and the large circular wound thus made was closed by sutures. The hernia was thus completely prevented from recurrence. The operation is said to have been in all respects successful; and there only remained linear cicatrices to mark the place of its performance.

There are probably but few physicians in this Commonwealth who have not read Dr. Hayward's "Discourse on some of the Diseases of the Knee-joint." It contains the gist of the whole subject; and although larger works have been distributed, it may be questioned whether any are more frequently consulted by the members of the Society before which it was delivered. It forms the fourth chapter in the present collection.

When Mr. Justice Buller, vexed by Mr. Hunter's apparent equivocation, asserted in his charge that "as to an apoplexy, it is not likely to attack so young and so thin a man as Sir Theodosius was," he merely echoed the prevailing notion of the day. Even Mr. Hunter was inclined to the same opinion, though some of his dissections had led him to qualify his statement. Had statistics of the disease been previously gathered and analyzed, the Judge might not have lost his temper, nor Capt. Donellan his life. Rochoux ascertained in sixty-three cases that twenty-three were thin persons, while only ten were fat and plethoric; the remainder being of the ordinary habit of body.

Statistics have wrought great changes in the opinions of scientific bodies as well as in those of the world at large. Until they were brought to bear upon the subject of amputations, surgeons were not accustomed to consider the operation so formidable as it has proved to be.

"Mr. Benjamin Bell, who wrote nearly seventy years ago, thought that not more than one patient out of twenty died on whom amputation was performed; and yet it has been ascertained that one out of four died in two thousand cases that occurred in civil practice in Great Britain, and one out of three in five thousand

cases in various parts of Europe. * * * The only explanation of this startling fact is, that there were formerly no records kept of the results of these operations: there were no data upon which such an opinion as that of Mr. Bell could rest, except what were derived from vague impressions. The memory is apt to be treacherous with regard to unfavorable cases; the successful ones are usually remembered, and too often published alone." P. 143.

After quoting the results obtained by other compilers, which do not differ much from those above cited, Dr. Hayward gives at length a tabular statement of all the amputations at the Massachusetts General Hospital. Having added many judicious remarks, he concludes as follows:—

"It appears, then, from these tables that the whole number of amputations of large limbs that have ever been performed at the Hospital is one hundred and forty-six, on one hundred and forty-one patients. Of this number thirty-two died." P. 160.

Dr. Hayward's paper on the statistics of pulmonary consumption in Boston, New York, and Philadelphia, in another part of the volume, presents some results worthy of consideration. We can only refer to one or two points.

"The most striking fact brought to light by these tables, is the great decrease of deaths by consumption in these cities. This decrease has been great in all, but greater in Boston than in either of the others; this is not only a relative but an absolute decrease, for the mortality has been somewhat more during the last ten years [i. e. from 1830 to 1840] than it was thirty years ago."

Remember this was before the introduction of cod-liver oil as a remedy in this disease. For the last ten years, from 1840 to 1850, a slightly different state of things has existed. Dr. Hayward, in the volume before us, has brought the tables down to 1851.

" * * Consumption has somewhat increased in Boston during the last ten years [1840 to 1850]; and for this period this city has been surpassed by Philadelphia in its exemption from that disease. It will be remembered that, for the previous ten years, Boston had the advantage in this respect; and it may be, even now, that the diseases peculiar to more southern climates may have swelled the amount of the whole number of deaths, giving the appearance of an advantage where little, if any, exists in reality." P. 307.

Time and space fail us to do more than name the chapters on "Amputation of a Part of the Foot," a new operation—"Division of Tendons"—"Ligature of the Carotid Artery"—"Wounds received in Dissection," wherein Dr. Hayward graphically describes his own case—"Cases of Vesico-vaginal Fistula," whose successful treatment has given Dr. Hayward a world-wide reputation—"Anæsthetic Agents," their history, comparative value, and safety—"Burns"—"Measles"—"Case of Hydrophobia"—"Paruria Inops"—"Legalizing Anatomy"—"Cholera," an elaborate article, showing its non-contagiousness—"The Medicinal Springs

of Virginia"—and "On some of the Diseases of a Literary Life," in which, at a time when phrenology seemed about to compromise the sanity of even a greater number than have the so-called "spiritual" delusions of the present day, it was maintained that "the doctrine is not only fraught with dangerous consequences, but that it is at variance with facts familiar to almost every physician."

The volume closes with two lectures delivered at the opening of the winter courses at the Medical School; one on the "Professional Trials of the Young Physician," and the other on the "Duties of the Medical Profession." These lectures are full of sound advice, and elevated views of professional duties and responsibilities. No young practitioner can rise from their perusal without firmer purposes and nobler resolves. We commend them especially to those who, failing of anticipated early success, are either tempted to vilify their calling or are tortured with sensitiveness and a feeling of jealousy towards others whom they consider more fortunate than themselves. We would gladly quote at length many useful suggestions from these lectures did space permit, but must content ourselves with this simple allusion to their contents, and a recommendation of them to all practitioners of medicine.

We have thus endeavored to give our readers, however inadequately, an idea of the varied contents of this valuable publication. Dr. Hayward dedicates the work to his former pupils, "affectionately." They are many, and scattered far and wide. Numbers of them will warmly welcome this new token of their teacher's regard. They know well the meaning of the expression he makes use of. No one ever stepped forward with greater heartiness or alacrity than he to assist a faithful student or struggling young beginner who by untiring application and patient self-sacrifice showed himself worthy of such kindly assistance. Many now in a successful and useful career, in high places even of the profession, owe much of their success and position to his friendly encouragement and substantial aid in the time of their earlier struggles. We doubt not that all into whose hands this volume may come will join us in the hope that, when the severity of recent sorrow is in a measure assuaged and a partial relief obtained from crushing affliction, some of his otherwise solitary hours may yet be given to the further advancement of the science he has illustrated, and to the instruction of those he has ever loved to teach. B. E. C.

May, 1855.

OVARIAN CYST SUCCESSFULLY TREATED.

COMMUNICATED BY C. E. BUCKINGHAM, M.D.

I HAVE permission of Dr. Gilman Kimball, of Lowell, to give some account of a case of ovarian tumor, the operation for the removal

of which it was my good fortune to assist in. The subject of the operation, Miss ———, of Melrose, 25 years of age, had always been in good health up to the age of 18, when she first observed an enlargement of her abdomen. This enlargement began upon her left side, and though for some time it was of no peculiar inconvenience to her, began after a year or two to obstruct her respiration. When turning in bed from the left side to the right, there was a distinct sensation of a large body falling from one side to the other. The catamenia had never been disturbed. The digestive function was properly carried on, but of late emaciation had commenced. The respiration was becoming difficult; and notwithstanding an active disposition, she was beginning to be discouraged by the feeling that her usefulness was passing away. According to her account no encouragement had been given her, by the medical gentlemen who had examined the case, that an operation could be successful.

On the 26th of February last, I saw her with Dr. Kimball, by his invitation. The abdomen was enormously distended. The ovarian seat of the disease was made out by the history of the early progress of the case, by the nature of the fluctuation, and the form of the abdomen. The principal suffering was from the difficult respiration. The probable nature of the tumor, the probable and possible results, being fully placed before her, her reply was, "I will have it done on Thursday."

On Thursday, March 1st, the tumor was removed by Dr. Kimball; Drs. Parker and Phinney of Melrose, Dr. J. B. S. Jackson and myself being present. The patient was put under the influence of chloroform, so far as not to shrink on being pricked with the knife, the room being first heated to about 80°. An incision was made from the umbilicus nearly to the pubes, and the tumor exposed, bulging up through the wound. A large trocar was then plunged into it, giving outlet to a perfectly limpid serum. The discharge not being rapid enough, the tumor was laid open to the extent of three or four inches. The fluid was mostly saved, but one or two quarts must have escaped upon the bed and clothing. After emptying the sac, Dr. Kimball drew it out from the abdomen, an operation exceedingly difficult from the great atmospheric pressure, passed a double ligature through its base, which was tied on either side, and another about it. The pedicle, which was about as large as my thumb, was then cut through, and the sac removed. There were no adhesions, and though standing over the patient, I saw none of the abdominal contents except the tumor and the left Fallopian tube. Six or seven sutures were made in the integuments, and adhesive plaster was put on in every direction. In about thirty minutes the patient was removed to a dry bed, and got half a grain of morphia. The intention being to keep her as quiet as possible, after the operation, a dejection was produced before hand, and she was kept constipated for a week. Extract of opium in two-grain doses was given every

few hours, so as to keep her perfectly quiet, and the direction was to bring her into a state of narcotism, if symptoms of peritonitis came on. On the night of March 6th and 7th this accident occurred, but relief was got by the opium and warm applications, in the course of twelve hours.

The case proceeded favorably, and on the fifth of this month, thirty-six days after the operation, she rode out. I saw her on the 22d, at her father's house, in good spirits and looking forward to an out-of-town visit in a few days. The ligatures of the base have not yet come away, and they give her little inconvenience.

During the operation, only a few drachms of blood were lost. The amount of fluid, exclusive of what flowed upon the bed, was fifteen beer quarts. The tumor I have not seen since its removal, and am unable to state its weight. I understand that it is intended for the cabinet of the Boston Society for Medical Improvement.

This is not the first case in which Dr. Kimball has done this operation, and I believe two or three other gentlemen in New England have also operated in the same manner. It is to be hoped that all the cases, both the unsuccessful and successful ones, will be reported. The profession have a claim upon the operators for them all. Will not some one collect them? Their history would certainly make a monograph worthy to be published by the Massachusetts Medical Society.

Boston, April, 1855.

OLD AND NEW REMEDIES IN MEDICINE.

[Communicated for the Boston Medical and Surgical Journal.]

"There is nothing new under the sun."—*Solomon.*

In the course of my medical reading, I have observed that many new discoveries in medicine, of the present day, were known to others many years ago. There was once a controversy in your Journal about which of the disputants originated the quinine practice in rheumatism. I do not just now remember the names of the parties, but one of them, I think, resided in Georgia. Now it is well known that Dr. George Fordyce used and recommended Peruvian bark in rheumatism with success. Bark or quinine has long been a popular remedy in neuralgia, and in Dr. Fordyce's day there was little distinction made between rheumatism and neuralgia. Nearly all cases were then called rheumatism. The fault now is on the other extreme, many cases of pure rheumatism being called neuralgia.

The new discoveries of percussion, auscultation and lithotrity were known among the ancients in the infancy of medical science. I once made, as I thought, a discovery in removing foreign bodies from the ear, by a stream of warm water strongly injected into it, after the use of instruments had failed in several cases. But

in my subsequent reading I found that the same practice had been recommended before. I once thought that I had a new idea for the cure of hydrophobia, assuming that death is produced by spasm of the glottis, and that tracheotomy would afford relief; but in subsequent reading I found that Mayo had recommended the same practice. I have read of no case in which it was tried, but if ever I should be so unfortunate as to meet with a case of that awful distemper, I think I will try it.

Another discovery of mine has been anticipated by your correspondent "Michigan." I have long been of opinion, and have freely advanced it, that the use of alcoholic drinks prevents consumption. In a practice of twenty-five years, I have not seen a case of consumption in what is called a drinking man, nor have I heard of one. I am a temperance man in principle, and am fully satisfied that alcohol has done more harm than all the wars, famines and pestilences that have afflicted the world. I think the theory of its operation can be explained. The tubercular diathesis is incompatible with the state of the system in a regular toper. The pale, feeble and cachectic are most subject to tuberculosis, and the most beautiful and delicate of the female sex (and they never drink) are the special marks at which the insatiate archer aims his phthisical darts. The tubercular deposits seldom take place until after the system is partly broken down by want of nutrition, or by exhaustion from some cause. Respiration and animal heat are kept up by carbonaceous matters being taken into the blood, to combine with oxygen in the lungs and tissues. Alcohol finds its way here with the greatest facility, not requiring the tedious and often difficult process of assimilation. Cod-liver oil, too, perhaps, acts in a similar manner on similar principles. I must not be understood as recommending drunkenness, hardly to save life. I should be pleased to see the experience and observation of others on this point in the Journal. WM. A. GILLESPIE, M.D.

Louisa Co., Va., April 16, 1855.

DENTAL HEMORRHAGE.

BY A. A. BLANDY, D.D.S., M.D., OF BALTIMORE, M.D.

[Communicated for the Boston Med. and Surg. Journal.]

HAVING read in a recent number of your valuable Journal (for March 22d) an article headed "*A new cure for obstinate bleeding following the extraction of a tooth*," by Dr. Samuel A. Cartwright, and having treated many cases successfully by the means the author prescribes, I feel confident of the error in making a general application of his method of treatment as laid down in this article; I beg the privilege of briefly reviewing the same; and of offering means by which the most obstinate cases of *dental hemorrhage* can be certainly suppressed.

In 49 cases out of 50 the bleeding is caused by the rupture of vessels which enter the apices of the fangs of a tooth; or it may occur from the rupture of many minute periosteal vessels which under peculiar circumstances may invest a tooth in its socket, these vessels not possessing sufficient power of contraction, when lacerated, to prevent the blood from being ejected; or, the condition of the blood being such as to prevent the usual coagulation; or it may take place from the injury of large capillary vessels sometimes found in the gum surrounding the alveoli. We are not aware of the existence of vessels within the substance of the alveoli sufficiently large to cause dangerous hemorrhage, and therefore cannot enumerate such as a source of this trouble, as the writer under consideration seems to infer.

But the means by which such events are brought about in the rupture of any particular vessel, can scarcely be regarded as important, the great object being to act upon the lacerated part, which from some constitutional cause is in a too weakened condition to endure a suppression of the hemorrhage. The gentleman states that the "Frenchman could not understand why lateral pressure on the outside of the cheek should have any effect in arresting the hemorrhage," and that "he failed to make him see the rationale of the process." Now we are like the Frenchman, we cannot see the philosophy of this lateral pressure, nor can we see the analogy between this means of arresting dental hemorrhage and that grand process which nature adopts in uterine hemorrhage, by bringing all her powers to bear in forcibly contracting the uterus in all its parts at the same time, in other words, of contracting all its fibres around the bleeding orifices; whilst the pressure of the tourniquet can only affect the external side of the alveolus, and that through a soft pad upon a soft lip and gum, which if made to press against the bleeding vessels, may suppress the hemorrhage; and yet we cannot but conceive it might be made more direct and convenient, admitting that there may be found cases of bleeding arising from external superficial vessels.

Granting that the gentleman is correct in his position as regards the "expanded parietes of the alveolar walls," how does the application of the tourniquet upon the outer surface affect the inner? or does he mean to infer that mere external pressure is sufficient to produce compression upon the inner wall? How does the pressure apply itself to the injured aperture when supported anteriorly and posteriorly by firm and unyielding bone and teeth? How will this pressure affect the vessels oozing out a strong flow of blood from the lowest depths of the socket, where the alveolus does not extend to, but which is a part of the maxilla proper? How could it affect the vessels of the gum found on the interior walls of the alveolus?

If we may be allowed, we would charge the writer with misinterpreting the authorities he consulted, or of having applied to bad ones; for the treatment of dental hemorrhage as laid down by

modern authors is philosophical and abundantly established by the great experience of the many, so that it is no longer regarded, in the hands of scientific men, as a case of much danger or magnitude. We do not think he has given the plan that is most generally adopted by the dental profession, viz., to make compression upon the whole surface of the socket and gum on either side, by using a metal cap which extends down as far as possible on both sides; this cap is lined with cotton wool saturated with tannic acid or some powerful astringent or caustic, as the case may be; the cavity is well filled with the saturated cotton, and the cap placed on and held firmly in this position by means of the mouth being closed and bandaged, and so held for the necessary length of time.

Another successful plan, is the forming of cones, made from angular-shaped pieces of linen, coated with wax, and rolled up into the proper size and shape to suit the cavity. A slight coating of cotton is made to adhere by first warming the wax. This cotton is then saturated, as before mentioned, and the pointed cone forced down upon the bleeding vessels through the socket. We admit that cases sometimes present themselves of great difficulty to make these mechanical applications, but they are exceedingly rare, and would, beyond doubt, absolutely exclude the rude fixture of the tourniquet, such cases generally demanding a purely medical treatment.

In all cases of dental hemorrhage occurring through a peculiar hemorrhagic diathesis, when obstinate or unyielding to ordinary mechanical treatment, the most active stimulants should be administered, particularly when a lethargic and inactive condition of the circulation is present; and sedatives and anodynes when a too great excitation is found.

We have seen several cases where the hemorrhage has been almost instantly checked from the drinking of a glass of wine, or the administering of sixty or eighty drops of laudanum, even when the greatest apprehension had been entertained from the immense loss of blood, and the impossibility of making pressure upon the ruptured vessels, they having most probably retracted into the substance of the maxilla. It is very evident that if the bone enclosing the vessel be uninjured, no degree of pressure can affect it; and that this is often the case, there can be no doubt. The injury existing in the lower point of the socket, nothing but a perpendicular pressure, which at the same time presses against the walls of the socket, can exert any influence; for without force against the surrounding walls, the blood would flow without restraint at the points against which this pressure was not made, the vessel itself not being compressed, and the stoppage depending upon an entire lateral pressure, as it were, corking up the socket into which the blood is flowing. The best application that can be made in such cases, is the conical wax rolls, which if they do not absolutely compress and stop the bleeding orifice, will certainly choke or cork the cavity of the socket, and will suppress the greatest

number of cases of hemorrhage where mechanical pressure is alone sufficient. But when the bleeding is dependent upon the rupture of many periosteal vessels, and there exists this tendency before spoken of, we are of opinion that pressure alone is not to be relied upon, but that the treatment must be addressed to constitutional impressions of immediate effect, and that a strong and active power must be had over the general circulation.

Hemorrhages, occurring in whatever part of the system they may, depend in a great measure upon effects produced by excitements and influences exerted over the whole circulating system, which are exhibited by such incidental ruptures as the one under consideration, and are not the natural result alone of the rupture of a vessel in the extraction of a tooth, in epistaxis, or even in flooding; for under ordinary circumstances of health, these ruptures might all take place without any danger of fatal hemorrhage or of any protracted bleeding. The occurrence of such a circumstance should not be held as a serious indication of constitutional vices, morbid influences arising from injurious habits or tendencies, acting upon and producing a diseased condition of the blood, and dental hemorrhage must in the majority of cases be looked upon as an entirely *special* accident from the rupture produced, superadded to some preceding tendency residing in one or more of the conditions just referred to.

We therefore do not regard the mere mechanical suppression as reliable in entirely subduing the evil, but would ever address ourselves at once to the constitutional changes which have acted as the proximate cause. No dental hemorrhage will prove troublesome that is not superinduced by an abnormal condition of the blood, or that of the circulating vessels; and we regret to see so little attention paid to a fact so self-evident. For when we consider the minute size of these vessels, the wonder alone remains, that even exhaustion should take place through so small an orifice, particularly so when we remember that many much larger vessels are severed in surgical operations of any magnitude, without important consequences. We have never examined into the condition of a patient previous to the hemorrhage, without finding that this accident had been preceded for several days by an occasional sense of uneasiness, restlessness, weight, fullness, flushes, accompanied with chills and slight fever, and we believe that these are constantly found preceding any other hemorrhagic development.

April 13, 1855.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SOCIETY FOR MEDICAL OBSERVATION. BY S. L. SPRAGUE, M.D., SECRETARY.

Ovarian Dropsy.—Dr. Bowditch alluded to a case of this disease under the care of Dr. Morrill Wyman, of Cambridge, who having first practised

paracentesis with a large trocar, used afterwards an exploring trocar once in six weeks, to evacuate the accumulation in the cysts. In the course of the disease this patient carried a child to the full time, but died of peritonitis accidentally supervening upon a second pregnancy.

Dr. COALE thought peritonitis so little likely to follow tapping that there was no need of Dr. Wyman's precaution. He (Dr. C.) had tapped three patients 65 times, without any symptom of inflammation ever being developed.

Dr. SHATTUCK said that Dr. Atlee repudiates the idea of fatal tapping.

Dr. C. D. HOMANS mentioned two cases of fatal peritonitis following tapping for ascites; these, however, might perhaps be attributed to the influence of erysipelas, which was then existing in the Massachusetts General Hospital where the cases occurred.

Dr. CABOT said he remembered one, if not two, cases of ovarian dropsy, where death followed the operation of tapping.

Dr. J. P. REYNOLDS mentioned such a case to have occurred in the Massachusetts General Hospital under Dr. Storer's care.

Dr. BOWDITCH said that Dr. Kimball, of Lowell, thought that tapping, sooner or later, was almost certain to result in death.

Dr. PUTNAM mentioned a case in which, after a certain number of tappings, the fluid oozed away from the point where the puncture was made, and prevented, for a considerable length of time, the necessity of another operation. Dr. P. also mentioned an instance where rupture of the cyst from a fall resulted in recovery.

Dr. SHATTUCK thought that the cases where death occurred were those of chachectic individuals, whose blood was not in a good state.

Dr. ELLIS said that the lining membrane of a cyst, was, from its nature, as likely to take on inflammation as a serous membrane. Dr. E. asked if pressure ever influenced the development of dropsy? The fluid oozing from a large surface seemed to him analogous to the force of an hydraulic press, that no bandaging which a patient could bear would at all restrain.

Dr. SHATTUCK cited a case where pressure was used as the principal means of treatment.

Dr. PUTNAM thought that pressure served to delay the accumulation.

Dr. CABOT said that in hydrocephalus it was rare for the child to survive the second tapping. He had, by using a very fine trocar, been able to tap a case four times.

Dr. COALE said that in the first case where that operation was performed in this country, the trocar was almost capillary.

Bibliographical Notices.

A Practical Treatise on the Diseases peculiar to Women. By Samuel Ashwell, M.D., etc. Third American, from the third and revised London edition. Philadelphia. Blanchard & Lea. 1855. Pp. 528.

It is now more than ten years since the first edition of Dr. Ashwell's work was published, and the universal testimony of the profession has placed it among the most valuable medical works ever written. Each successive edition has been enriched by all the improvements resulting from the increased attention which has of late years been bestowed upon the study of the nature and treatment of this important class of diseases. The present is behind none of the others in this respect, and, we need hardly

say, is the most useful practical work on the subject in the English language, if not in any other. This superiority it derives from the extensive experience, and the philosophical mind of the author, and we cordially recommend the work as indispensable to the medical practitioner. The only deficiency we notice, is the want of an index, almost indispensable in a work of this size. We regret that a work in such universal demand should not appear in a dress more worthy of its reputation. The paper is thin, and the printing inferior to that of many other works issued from the Philadelphia press. We must, however, commend the binding, which is neat and simple, wearing a more professional look than the "under-done pie crust" colored sheep covers so often chosen for medical books. The work may be had in Boston of Ticknor & Co.

The American Journal of Dental Science. C. A. HARRIS, M.D. D.D.S., Editor.

This is one of our exchanges,* and we have long considered it a very valuable and ably conducted periodical. Our attention has lately been more particularly called to it by Dr. B. S. Codman, so well known in Boston as the efficient manager of the well appointed "dental depot" at No. 57 Tremont street, and who for many years successfully practised his profession here in connection with his brother Dr. W. W. Codman, who still continues it. The former gentleman is the agent, in Boston, for the Dental Journal.

Dentistry has become a science, and enlists a large number of thoroughly informed and zealous men in its pursuits. It is fortunate for the public that this is so, for in every calling there are many who by ignorance, presumption and unbounded quackery, incalculably deceive and injure those who entrust their persons or interests to their *mis*-management. The rebuke administered to such in the "Valedictory Address" by Dr. Dwinelle, and which is contained in the April No. of the "Journal" is alike merited and excellent:—"Quacks are so proverbially in the wrong, that it is almost a safe rule *not to do anything which they do.*"—(P. 218.) We cordially echo the sentiment. At page 298, we observe a report of a truly "remarkable anomaly;"—"a whole family who have not, nor ever had, any teeth, although they are all grown, and some have families. The ladies are said to be exceedingly beautiful, and their rosy lips conceal this strange defect." The writer adds that their gums have become so hard that "the cracking of many kinds of nuts" is quite possible by them. The dentists are losers in this case, for the individuals refuse to have artificial teeth inserted not feeling any need of them! We understand that similar instances have been observed here.

The Journal contains a long and elaborate article upon "Crystalline Gold, its Varieties, Properties and Use," by Dr. Dwinelle, with valuable "special directions" for filling teeth, and several illustrations, which must be of great service to operators. The paper on the "Causes of Dental Deformities," and that entitled "Hints upon the Extraction of Teeth," are important and well written. The same may be said of several others which we have not space to notice. The Journal is very handsomely printed, and of extremely neat appearance throughout, and does its publishers (Lindsay & Blakiston, Philadelphia), great credit.

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* We observe that in the list of exchanges of the Journal of Dental Science, the change of editorial management of our own Journal is not inserted. This is true of certain others of our exchanges.

Transactions of the New York Academy of Medicine. Vol. I., Part III. *Containing a Report on Solidified Milk.* New York, 1855. Pp. 11.

This is an interesting report by the Committee on Public Health and Legal Medicine, on the subject of a new preparation of milk, which the inventor maintains will keep for an indefinite length of time. The Committee traced the manufacture of the article from the udder to its final conversion into the solid tablet, which consists of nothing but the solid constituents of pure milk, combined with nearly an equal part, by weight, of white sugar. It has a light yellow, slightly mottled appearance, is of a very firm texture, and yields readily to the knife or grater. It is readily and perfectly soluble in water, and when so dissolved in proper proportion is in fact milk, with the addition of sugar, from which cream and butter can be obtained. The objections to the article are its containing sugar and a flavor somewhat similar to that of boiled milk. The latter inconvenience, it is thought, will be obviated by an improvement in the apparatus for manufacturing it. The price of the article is twenty-five cents a pound, which makes five pints of milk. The high cost, however, is to some extent more apparent than real, since the presence of sugar renders necessary a less amount of that substance in cooking, and the milk is of a much richer quality than that commonly sold in cities. For voyages, and as an article of diet for the sick, particularly with children, it must be invaluable, if found equal to the description.

The American Eclectic Practice of Medicine. By J. G. Jones, M.D., late Professor of the Theory and Practice of Medicine in the Eclectic Institute of Cincinnati, &c. Vol. II. Pp. 862. Cincinnati. 1854.

We have received the above bulky work, accompanied by a letter from the author characterized by courtesy and modesty. He complains that the notice by our predecessors of the first volume of his work, "presenting a radical change, in many important particulars, in the prevailing doctrines of the science, and a vast change in therapeutic appliances in the treatment of disease," was altogether too insignificant for so important a subject. He also desires our particular attention to his views on the subject of malarial diseases, and to the lectures on consumption and croup. We fully believe Dr. Jones, when he says "my desire to have the merits of the work fairly tested and properly appreciated is not mainly referable to considerations of a pecuniary character, but, I think I may truly say, it is chiefly referable to an honest conviction that the best interests of the human family would be promoted by it."

The "Eclectic School of Medicine," a sect which prevails extensively in the West, professes to adopt what is best from any or all of the different "systems" which are in vogue. They thus arrogate to themselves the privilege which every sound physician claims, of not practising exclusively according to any particular theory, but of employing such treatment as he honestly thinks his patient requires, according to the circumstances. The true physician is open to conviction from whatever source it comes. The eclectics, however, place themselves in antagonism to all other practitioners. Although a large portion of their ideas on the subjects of their description of disease, their views of physiology, of pathology, and even of therapeutics, are borrowed from the most eminent writers, they pretend that the practice of these authors is founded on fallacious grounds, and leads to injurious consequences. This is particularly the case with regard to certain modes of treatment, as the employment of the preparations of mercury, of bloodletting, &c.

The present work, in its practical part, appears to be a faithful record of the experience of the author, which we should judge to be large. The descriptions of the symptoms of the various diseases within its scope appear to be accurate as far as they go, and the treatment is in the main judicious. The work, however, is far inferior in this respect to those of Wood, Watson, Williams, and a host of others. It will be often consulted and of great assistance to the second-rate medical practitioner, but can never be of much value to one who aims at eminence in his profession. We have read the lectures on croup, which bear the evidence of much thought and close observation of the disease, but we lament that the author's eclecticism has not led him to adopt the local treatment introduced by Dr. Horace Green, which has done more than anything else to diminish the mortality of that dangerous disease. He does not even allude to it. We must, however, in justice state that five or six cases of croup recovered under Dr. Jones's care by means of cupping with scarifications over the larynx and trachea, followed by onion poultices, with the internal use of an acetous syrup of sanguinaria. In the first case described it is stated that on the improvement of the symptoms "the albuminous concretion began to come away in small patches or flakes." It is not stated whether the existence of a false membrane was demonstrated in the other cases, but we presume that such was the fact.

We regret that our inability to obtain the first volume has prevented us from ascertaining exactly what is the author's theory concerning "malaria," but if we may be allowed to judge from a commendatory notice of the work, which accompanied it, Dr. Jones believes that animalcula are the cause of periodicity in health, and that the *sleeping* or *waking* of animalcula causes intermittency in fever of malarial origin! Whence such an extraordinary notion was derived, it is difficult to imagine, nor is it easy to put confidence in the judgment of one who entertains it. With regard to the use of mercurial preparations in the treatment of disease, we need hardly say that while all our readers are ready to acknowledge that their indiscriminate and excessive employment is productive of injurious consequences, we presume that the majority of them believe that when judiciously administered, they are often of inestimable service.

In conclusion we are compelled to adopt the language of our predecessors in saying that "there seems to be more imagination than reality in modern eclecticism, when it takes a position by itself, and refuses to recognize anything good that is gathered from the accumulated observation of ages, unless gathered and arranged by its own adherents."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 10, 1855.

THE AMERICAN MEDICAL ASSOCIATION.

We have received full accounts of the eighth annual meeting of this Association, held in Philadelphia on the 1st of May, and the following days, one of the Editors having been present as a delegate from the Boston Society for Medical Improvement. Among the Boston delegates were Drs. Homans, Sen., Storer, Hayward, J. M. Warren, Morland, Lyman, Lewis, E. H. Clarke, E. D. G. Palmer, Parks, Ellis, Borland, Sprague, and several oth-

ers. By some accident the Society for Medical Improvement is omitted among the list of those who sent delegates. Dr. Charles A. Pope, of St. Louis, the President, made a long and interesting address at the opening.

The following account of the first day's proceedings is from our correspondent.—"Dr. Frank H. Hamilton, of Buffalo, N. Y., made a capital report on the Prognosis of Fracture, and the resulting deformities, which is a credit to him, and will benefit the profession. Dr. Hunt, of Buffalo, made an admirable report on the hygrometric state of the atmosphere, as connected with the causation of zymotic diseases, particularly cholera. He considers that a warm atmosphere surcharged with vapor is decidedly productive of disease, and instanced the rise and decline of cholera, as influenced by the upward or downward tendency of the *dew-point;* 61 being pronounced the "cholera dew-point," and the cases rapidly multiplying whenever it is much above that. He compliments Dr. Barton, of New Orleans, and acknowledges his indebtedness to him for much valuable information. Dr. Charles Hooker, of New Haven, gave an excellent, judicious and most sensible report on the diet best suited to invalids, and to promote health. He advocates more nourishment, both in health and disease, than has hitherto been considered proper. He says that solid food is often best digested, even in dyspepsia, and recommends more sustentation, and at regular periods, in disease. He refers to the errors committed in over-feeding children, particularly nursing infants. He believes that copious water-drinkers are prone to dyspepsia and phthisis, and strongly urges the importance of an oleaginous diet, a repugnance to which indicates a disposition to phthisical disease. I agree with him, that generally the tonic, hygienic and medicinal means are not enough attended to.

"At 12 o'clock to-day (Wednesday), we were most cordially received by his honor, the Mayor, Robert T. Conrad, in Independence Hall. Dr. Isaac Hays, Chairman of the Committee of Arrangements, presented us, and the Mayor made a most eloquent and beautiful address, greeting and welcoming the Convention in the most gratifying manner, and eulogizing the profession at large in glowing terms. Professors Bache, Hodge and Norris entertained the Association most handsomely last evening. This afternoon we go, by invitation, to Fairmount and Girard College, and this evening Drs. Stillé, Paul and Wood receive us at their houses. Dr. G. B. Wood, of Philadelphia, was to-day elected President, and Dr. D. H. Storer, of Boston, one of the Vice Presidents. The next place of meeting is Detroit, Michigan. The prize for the best essay on some Medical Subject ($200) was awarded to Dr. James D. Trask, of White Plains, N. Y., for a treatise on Placenta Prævia."

Dr. Atlee, of Lancaster, Pa., made an appeal to the members present to come forward and contribute towards making a handsome compensation to the artist who executed the block for the Washington Monument, after the design furnished by the late Dr. Peirson, of Salem; and the Association subsequently appropriated $1,000 towards it. Dr. N. S. Davis, of Chicago, Ill., read a very able and interesting paper on the Nutritive Qualities of Milk, including the influence produced thereon by pregnancy and menstruation in the human female, and by pregnancy in the cow; and also the best method of preserving milk uninjured. He gives the preference to the "solidified milk," being, we suppose, the same article alluded to in another place in to-day's number of the Journal, which is manufactured in Dutchess Co., N. Y., by Mr. S. T. Blatchford, son of Dr. Thos. Blatchford, of Troy.

On Thursday (third day), the most important proceedings were as follows:—Dr. Frank H. Hamilton made an additional report on the subject of fractured clavicle, which was listened to with marked attention. He hoped that accurate statistics on this subject would be furnished by the managers of the Philadelphia Hospital, that all may be able to judge of the merit of the instrument which has been in use at that institution for the last thirty years. He had known a surgeon to be mulcted in heavy damages, because he could not accomplish all he supposed he could by using it, in a case of fractured clavicle.—Resolutions concerning the subject of Medical Topography were next read and considered, and it was proposed that a committee from each State should be appointed to report on its medical topography, and epidemic fevers, and their treatment. The whole subject was referred to the Committee on Nominations.—Dr. Condie was allowed further time for his Report on Tubercular Disease, which, he stated, would occupy at least 500 pages.—Dr. Mussey, of Cincinnati, read an interesting report on the use of Alcohol, which was referred to the Committee on Publication.—A large number of special committees were appointed; among them, was Dr. H. J. Bigelow, of Boston, on the Microscopical Investigations of Malignant Tumors.

In the afternoon the Association visited the Philadelphia Hospital and Almshouse, at Blockley, where they were presented to Frederick M. Adams, Esq., President of the Board of Guardians of the Poor, who welcomed them in an eloquent speech.

On the fourth day (Friday), Dr. Hays, from the Committee of Arrangements, stated that 523 delegates had registered their names.—On motion of Dr. Hayward, of Boston, the thanks of the Association were unanimously offered to the Mayor and other officers of the city government of Philadelphia, and to the citizens, for their munificent hospitality and kind attention to the members during its present session.—The following amendment to the Constitution was offered, and laid over till the next annual meeting:—"Any member who shall not pay for the published Transactions for three successive years, shall be considered as withdrawn."—Resolutions for the division of the meetings into business and scientific sessions were agreed to.—A motion for a committee of three to be appointed to consider the subject of the evils existing in the present method of holding coroner's inquests, and to report at the next annual meeting, was referred to a special committee.—Dr. Atlee offered resolutions, which were adopted, to the effect that any such unnatural union as the mingling of an exclusive system, as homœopathy with scientific medicine, in a school, setting aside all questions of its untruthfulness, must so far impair the usefulness of teaching, as to render every school adopting such a policy unworthy the support of the profession.—The Committee on Nominations reported that the resolution on the subject of the Registration of Marriages, Births and Deaths, be adopted. Among the members of the committee is Dr. Edward Jarvis, of Dorchester, Mass.—It was unanimously resolved, "That no state or local society shall hereafter be entitled to representation in this Association that has not adopted its code of ethics."—An amendment to the Constitution was offered, providing that the travelling expenses of the Secretary and Treasurer shall be paid out of the funds of the Association.—A motion for changing the time of the annual meeting from the first Tuesday in May to the second Tuesday was discussed, but the subject was indefinitely postponed.—At half past one, the Association adjourned *sine die.*

The proceedings of this session, one of the most interesting and impor-

tant ever held by the Association, are very fully reported in the Philadelphia daily papers, and we regret that our limits confine us to a mere outline of what took place. In our next number, we shall offer some remarks suggested by our personal observation during the session.

DURATION OF PNEUMONIA.

A correspondent in calling attention to the case of pneumonia reported in our 12th number, suggests that there may be some error in the date assigned to the exit of the patient from the Hospital, otherwise the recovery can hardly be called a "rapid" one. The term rapid, we presume, was intended to refer to the case of rheumatism only, though it does not follow that because the patient with pneumonia was in the Hospital twenty-one days, she might not be considered convalescent before that time. It has been customary in the Massachusetts General Hospital to estimate the duration of the disease by the interval between the beginning of the attack, and the time when the patient begins to take solid food. In this case, the latter period is not stated, but as she asked for meat on March 26th, we may suppose that she was allowed to take it soon after. At any rate, the symptoms were so far mitigated that she must be regarded as convalescent on the 28th. Now, as the attack began on the morning of the 13th, the whole duration of the disease was fifteen days, during eight of which she was under treatment. The average period for 34 patients observed in the same Hospital was about 13 1-4 days, the extremes being 4 and 36. The duration of pneumonia depends much upon the age and previous health of the patient, as well as on the extent of the disease, all of which must be taken into account, in judging of the effect of treatment.

Extirpation of the Uterus.—We have received a letter from Dr. Walter Burnham, of Lowell, in which he claims to have successfully performed the operation of extirpation of the uterus, together with both the ovaries, through the abdominal parietes, in that city, June 25th, 1853, three months previous to Dr. Kimball's operation, reported in our last number. The case was originally reported in "Nelson's American Lancet," published in Plattsburgh, N. Y. and Montreal (Canada), January, 1854, and was copied into the "Worcester Medical Journal" of February, of the same year. The patient recovered in two months. It thus appears that Dr. Kimball is mistaken in supposing that he had first successfully performed this operation by the hypogastric method.

Massachusetts Medical Society.—We would remind the members of this Society that the next Annual Meeting will be held in Springfield, on the last Wednesday in *June*, instead of May, as heretofore.

To Correspondents.—The Report of a Case of Section of the Os Femoris for Artificial Hip-joint, has been received, and will appear next week.

Deaths in Boston for the week ending Saturday noon, May 5th, 55. Males, 25—females, 30. Accident, 1—inflammation of the brain, 2—consumption, 10—convulsions, 2—croup, 1—dropsy in the head, 2—infantile diseases, 4—erysipelas, 1—intermittent fever, 1—scarlet fever, 1—disease of the heart, 3—influenza, 1—inflammation of the lungs, 8—disease of the liver, 1—old age, 1—palsy, 2—inflammation of the stomach, 1—scrofula, 1—smallpox, 5—teething, 5—ulcers, 1—unknown, 1.

Under 5 years, 24—between 5 and 20 years, 8—between 20 and 40 years, 10—between 40 and 60 years, 6—above 60 years, 7. Born in the United States, 43—Ireland, 7—England, 2—British Provinces, 2—Germany, 1.

Boston Society of Natural History.—The annual meeting of this Society was held on Wednesday evening, May 2. Reports were read by the Treasurer, Librarian, and the different Curators, and the following officers were elected for the ensuing year:—*President*—John C. Warren, M.D.; *Vice Presidents*—Charles T. Jackson, M.D., D. H. Storer, M.D.; *Corresponding Secretary*—Samuel L. Abbot, M.D.; *Treasurer*—Nathaniel B. Shurtleff, M.D.; *Librarian*—Charles K. Dillaway; *Curators*—Thomas T. Bouve, of Geology; Francis Alger, Mineralogy; Jeffries Wyman, M.D., Comparative Anatomy; Silas Durkee, M.D., Ichthyology; Chas. J. Sprague, Botany; Thomas M. Brewer, M.D., Oology; Henry Bryant, M.D., Ornithology; Thomas J. Whittemore, Conchology; J. Nelson Borland, M.D., Herpetology; J. P. Reynolds, M.D., Crustacea and Radiata; H. K. Oliver, Jr., M.D., Entomology; *Cabinet Keeper*—Charles Stodder.—*Traveller.*

New York Dispensaries.—At the Demilt Dispensary, 1,844 patients were under treatment in the month of April; prescriptions dispensed during the month, 3,244. At the Eastern Dispensary, total number of patients during the same month, 2,365; number of prescriptions, 2,902. At the Northern Dispensary, number of patients, 1,176; number of prescriptions, 2,366. North Western Dispensary, patients, 902; number of prescriptions, 2,016.

Hospitals for the Insane.—The following, from the Boston Journal, refers to the Report of the Massachusetts Commission on Lunacy, drawn up by Dr. Jarvis, and which will be more particularly referred to hereafter.—"The Joint Standing Committee on Charitable Institutions, to whom was referred the report of the Commissioners on Lunacy, have considered that report and approve its recommendations. They agree with the Commissioners that there is a necessity for more ample accommodations for the insane of the community, and that the Worcester hospital is unsuitable for its present uses; and they accordingly express their conviction that a lunatic hospital should be established in the western part of the State, that the old one in Worcester should be replaced by a new one, and that another hospital for State paupers should be built in the eastern part of the State. They recommend that the Legislature of the present year take the first step, by the adoption of a bill which they propose for the erection of a hospital in Western Massachusetts. The bill authorizes the Governor, with the advice of his Council, to appoint a Board of three Commissioners, who shall purchase an eligible site in one of the four western counties of the State, and cause to be erected thereon a hospital sufficient for the accommodation of two hundred and fifty patients, and all the officers and employees of the establishment; provided the cost thereof shall not exceed two hundred thousand dollars. It authorizes also the issue, by the treasurer, of State script to an amount not exceeding one hundred and fifty thousand dollars, bearing an interest of five per cent., payable in London."

The Trustees of the University of Pennsylvania have elected Henry H. Smith, M.D., of Philadelphia, to the Chair of Surgery, made vacant by the resignation of Dr. Gibson.

The Roman Dentists.—A writer in the New York Daily Times alludes as follows to the antiquity of the dental art.—"From Lucian, Pliny and Martial, we learn that teeth made of ivory were used by the people of their time, and that single teeth were often inserted, bound with gold wire. The two following quotations from Martial, leave no doubt that the Romans used artificial teeth, and that the latter were well made, too:

'Sic dentata sibi videtur Ægle
Emptis ossibus ———.' Lib. 1, 73.
'Thais habet nigros, niveos Lecania dentes,
Quæ ratio est? *emptos* hæc habet, illa suos'" Lib. 5, 43.

Benzole a Remedy for Parasitical Diseases.—Milne Edwards, long ago, ascertained that the vapor of benzin or benzole was fatal to insects. This property led M. Reynal, of the Veterinary School at Alfort, to employ it for the treatment of pedicular maladies among animals. He has found that it destroys the parasites in these diseases, more surely and with more safety to the animal than tobacco-juice, mercurial ointment, or any other of the many remedies used. It destroys the epizoa without at all injuring the skin.—*Philadelphia Med. News and Library.*